



TOWN OF LOS GATOS

RENT ADVISORY COMMITTEE APPLICATION

Submit to: Office of the Town Clerk
110 East Main Street, P.O. Box 949, Los Gatos, CA 95031
Telephone: (408) 354-6834 • Fax: (408) 354-8431 • Email: clerk@losgatosca.gov

Please type or print legibly

* Last Name: _____	* First Name: _____
* Address: _____	* City: _____ * Zip: _____
* Home Phone: _____	Work Phone: _____
Email: _____	Fax: _____
Present Employer: _____	Job Title: _____
Length of Residency in Los Gatos: _____	
* If appointed, this information will be made available to the public.	

Previously Held Elected or Appointed Governmental Positions	Position/Office Held	Dates
Civic or Charitable Organizations You Have Belonged To	Position/Office Held	Dates
Schools Attended/Attending	Major Subject and/or Grade Level	
A separate application is required for each Commission. Please list other Commissions you are applying to: _____		

Signature: _____

Date: _____

Please check the appropriate box:

- ☐ I am a property owner who owns a property with three or more units, located in the Town of Los Gatos.
- ☐ I am an owner or representative of a mobile home park located in the Town of Los Gatos.
- ☐ I rent a unit in a residential complex with three or more units, located in the Town of Los Gatos.
- ☐ I reside in a mobile home park located in the Town of Los Gatos.
- ☐ I am applying as a neutral member who does not own investment property in the Town, but who owns and resides in a home in the Town of Los Gatos.

1. What do you believe should be the goal of the Town's Dispute Resolution Program? _____

2. If you were appointed to the Rent Advisory Committee, what would you perceive to be your role? _____

3. What changes, if any, would you like the Rent Advisory Committee to pursue to the Town's Rental Dispute Resolution policies or procedures? _____

4. Tell us about your experiences with the Town's Rent Dispute Resolution Program. _____
